TB CONTACT ROSTER INSTRUCTIONS

TB Contact Roster (TB-2) should be mailed or faxed along with the Report of Verified Case of Tuberculosis (RVCT). As contacts are evaluated, resubmit TB-2 so DPH TB records can be updated.

**Index Case**:

Indicate medical information and dates on the original patient

**Contact Name, Address, Home Phone, Other Phone**:

Indicate contact information

**Contact Type:**

Indicate if the exposure of the contact is low-risk or high-risk

**Last Exposed:**

Indicate date contact was last exposed to the index case. Contacts who have a negative initial skin test should be retested 10 to 12 weeks after the last exposure to a patient with infectious TB.

**Sex:**

Circle if male or female

**Race/Ethnicity (Code):**

See bottom of form Race/Ethnicity and indicate the number and letter. Example: if contact were White/Hispanic, the code would be 5A

# Date of Birth (DOB)/Age

Indicate contact’s date of birth and age

**Relation (Code):**

Indicate a number that corresponds to the relationship contact has with index case

Explanation of number 12, 13, 14

12=Institution (person exposed to active case in long term care facilities & child care facilities, who does not fit other relation codes)

13=Hospital (person exposed to active case in the hospital, who does not fit other relation codes)

14=Correction (person exposed to active case in any correctional facility, who does not fit other relation codes)

**Place (Code):**

Indicate a number that corresponds to the site where contact was exposed

**Symptoms (Code):**

Indicate a number(s) that corresponds to any symptoms contact is experiencing

**Prior Positive (+) TB Skin Test (TST):**

Circle yes or no, if yes indicate date of documented prior positive TST

**TB Skin Test (TST) Read and Result:**

Indicate date of TST and the millimeters of induration

**Converter:**

Circle yes or no

**Follow-up TB Skin Test (TST) Read/Result:**

Indicate follow-up TB skin test and the millimeters of induration

**Chest X-ray (CXR) Date/Result:**

Indicate the date of the CXR and circle the results

**HIV Date/Result (Code):**

Indicate the date of the HIV test and the number corresponding to the HIV result

**Previous Treatment Date and Treatment Regimen:**

Circle yes or no, if yes indicate date of previous documented treatment and treatment regimen

**Evaluation Completed:**

Circle yes or no and the date evaluation was completed

**TB Class:**

Circle number that corresponds to TB Class listed below. If TB class 0 (No TB exposure, Not infected), this class is used if the contact is initiated and the TB Coordinator later determines that they were not exposed or after evaluating some of the contacts who had more exposure (i.e. “close contacts”) the health department determines that the other contacts who are not high-risk, and had less exposure do not need to be evaluated. If TB class 2 (LTBI, no evidence of disease) and the contact is started on treatment submit a Tuberculosis Evaluation Form (LTBI) TB-1 form. If TB class 3 (confirmed active TB disease) submit a Report of Verified Case of Tuberculosis (RVCT).

**Started Treatment:**

Circle yes or no, if yes write the date the treatment started

**Disposition (Code):**

Indicate a number that corresponds to contact’s disposition**. A disposition must be indicated when contact’s investigation is completed**

* If contact is found to have confirmed active TB the disposition will be #1 (Disease) at the end of treatment a reason closed should be indicated.
* If contact is infected and clinician does not recommend treatment the disposition will be #2 (infected LTBI no treatment) and the reason closed will be #6 (Stopped by clinician)
* If old inadequately treated LTBI and treatment not recommended for this exposure, the disposition would be #3 (infected LTBI previously) and the reason closed will be #6 (Stopped by clinician)
* If contact has a prior positive TST and has been adequately treated in the past the disposition will be #4 (infected LTBI treatment complete) and the Reason Closed #2 (completed)
* If contact is infected and treatment recommended the disposition would be #5 (infected treatment started) and if contact fails to start treatment indicate a Reason Closed #5 (lost), #7 (moved, follow-up unknown), #10 (refused). If contact starts recommended, treatment a Reason Closed must be indicated when evaluation is completed.
* If TB disease is ruled out, but TB infection cannot be determined (CXR done/refuses TST) the disposition will be #6 (no disease/infection undetermined).
* If a contact is not evaluated, the disposition would be #7 (not evaluated) and the Reason Closed #5 (lost) or #10 (refused). If contact only receives one TST, and a follow-up TST is needed, but not done, the disposition will be #7 (not evaluated) and the Reason Closed #5 (lost) or #10 (refused).
* If a contact is evaluated and LTBI/TB disease ruled out the disposition will be #8 (not infected no treatment) and the Reason Closed #8 (Not TB).
* When window period prophylaxis treatment is started on high-risk contacts (young children under 4 years of age, and HIV-infected and other immunosuppressed persons) with an initial negative skin test reaction less than 10 to 12 weeks after exposure and the follow-up TST is negative the disposition will be #9 (not infected treated) if treatment is then stopped the Reason Closed will be #8 (Not TB). If treatment is completed the Reason Closed will be #9 (completed not infected)
* If a contact is determined to have been previously adequately treated for TB disease in the past the disposition code will be #10 (old disease) and the Reason Closed #2 (completed).

**Reasons Closed (Code):**

All contacts must have a reason form closed when evaluation is completed.

**Date Closed:**

Indicate the date contact’s evaluation was closed. If contact completed treatment, this would be the date that the medication dispensed to the contact would have run out, if the contact had taken all the medications.